

Youth Arrests for Serious Violent Crime

Definition: Serious violent crime includes murder, rape, robbery, and aggravated assault (assault with a weapon or with intent to cause severe injury). "Youth" means anyone between the ages of 10 and 24.

Summary

In 1993, there were 6,022 arrests of youth ages 10-24 for serious violent crime (age-specific arrest rate: 6.3 per 1,000). Among 10-17 year olds, the violent crime arrest rate was 6.4 per 1,000, while among 18-24 year olds the arrest rate was 6.3 per 1,000. Serious violent crime arrests measure only a small proportion of violent acts perpetrated by youth, since many crimes do not result in an arrest.

Violence can be prevented. The most effective prevention strategies are multifaceted, and include interventions that reduce risk factors and increase protective factors.

Time Trends

Between 1990 and 1993, Washington's serious violent crime arrest rate rose approximately 17% among youth ages 10-24 years (from 5.4 to 6.3 per 1,000). Corresponding national rates increased about 7% (from 6.3 to 6.7 per 1,000). The significance of Washington's steeper rise in youth violent crime arrest rates is unclear, since it is difficult to discern long-term patterns with only four years of data. In addition, regional variations in crime reporting, law enforcement arrest policies and other factors may affect arrest rates. The view that increasing youth arrests for serious violent crime in Washington represent actual increases in

youth crime is consistent with trends of increased prevalence of several risk factors associated with youth violence.

Year 2000 Goal

Washington's goal for the year 2000 is to reduce the rate of youth ages 10-17 arrested for violent crimes to no more than 4.2/1,000. The most current arrest statistics show that the youth violent crime arrest rate is increasing. The likelihood of reaching the goal appears low.

Geographic Variation

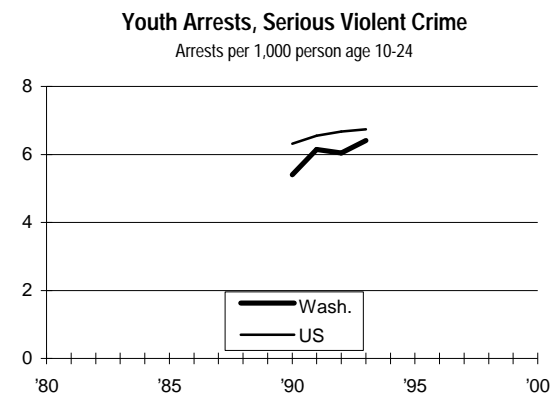
Geographic variation in rates of youth perpetration of violent crime is difficult to characterize, for several reasons:

- Youth arrest policies may vary from one law enforcement jurisdiction to another.
- Not all law enforcement agencies report their crime and arrest statistics to state authorities, because such reporting is voluntary.
- Arrests are tracked by location of the crime, rather than where the perpetrator lives.
- If multiple offenses occur in the same crime event, only the most serious offense is counted. Thus, if a perpetrator both robs and assaults a victim, only the robbery will be counted.

All of these factors hamper meaningful county comparisons of crime data.

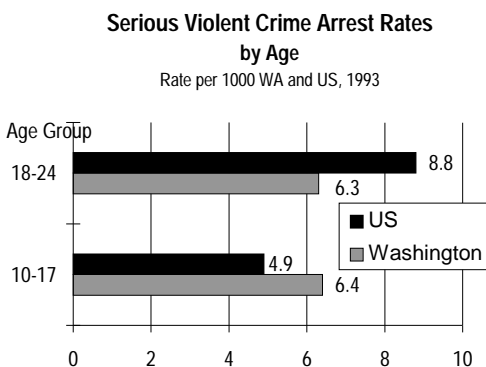
Age and Gender

In 1993, the violent crime arrest rate among Washington youth ages 10-17 was 6.4 per 1,000. The arrest rate among young adults ages 18-24 was 6.3 per 1,000. These arrest rates are remarkably similar, indicating that youth ages 10-17 are arrested for violent crime as often as young adults ages 18-24.



In Washington, as in the rest of the US, the vast majority of youth and young adults arrested for violent crime are male.

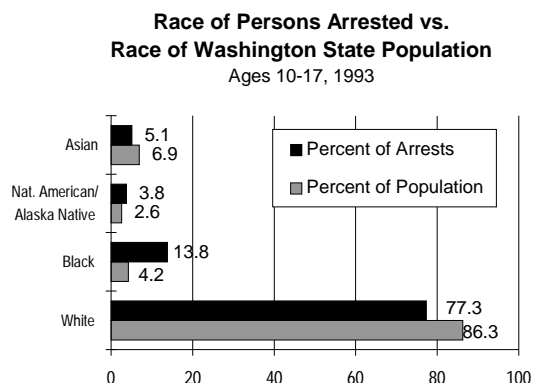
National statistics reveal a lower violent crime rate among youth ages 10-17 than among young adults. The reasons for the relatively high violent crime arrest rate among 10-17 year olds in Washington is not clear.



In Washington, younger females appear to be at higher risk of violent behavior (as measured by arrests for violent crime) than their older counterparts. Females age 10-17 are arrested at nearly twice (1.8 times) the rate of 18-24 year old females.

Race and Ethnicity

Throughout the US, young black males are at higher risk of perpetrating and being victimized by violence.



In Washington, 77% of juveniles arrested for violent crime in 1993 were white, while 14% were black. In our state, the number of arrests for violent crime is higher among black and native American youth than would be expected if equal proportions of youth of all races committed violent acts. This may be an indication that black and

native American youth are exposed to more risk factors than other youth.

Other Measures of Impact and Burden

Assault-related hospital Emergency Room visits. Actual counts of emergency room visits related to assault are not available. However, a study of the 1994 emergency room records of three urban hospitals in Washington state showed that among 10-24 year old patients, almost 15% of injury-related visits were the result of an assault by another person.¹ Fifty-eight percent of the assault victims were male. Twelve percent of the victims required hospitalization.

Hospital admissions. In 1993, Washington hospitals recorded a total of 1,168 assault-related discharges of youth ages 10-24. Fifty-four percent of the patients were male. The mean length of stay was four days for males and 3 days for females. The average hospital charge per admission was \$3,500.

Quality of Life. Violent crime can seriously affect the quality of life for victims and their families. In addition, communities are affected by fear, anxiety, and a loss of freedom as people restrict their activities in order to avoid becoming victims of violence. Society also pays for violence through expenditures for police and criminal justice interventions, social services, and preventive educational activities.²

Risk and Protective Factors

Risk and protective factors for violent behavior can be viewed from the individual, family and community levels. There is a complex relationship between the various risk and protective factors, and the relative importance of each risk factor is not yet fully understood. In addition, many of the known risk factors may not be causal, but instead function as markers of groups at high risk for violent behavior.

Individual Factors. Strong individual risk factors include attention deficit hyperactivity and conduct disorders, poor academic performance, truancy, and gang membership. Truancy and gang membership may act as both causes and effects of youth violence. The strongest individual-level protective factors include a sociable early temperament, good communication skills, and average or better intellectual ability.

Family Factors. Parenting quality can function as a risk factor or as a protective factor. Lack of parental supervision, parental rejection, parental criminality, parental substance abuse, child abuse and neglect, and parental poverty have all been linked with delinquency and violent behavior in children. However, an emotionally supportive parent who provides consistent rules and supervision can function as a protective buffer for a child in an otherwise high-risk environment.

Community Factors. Community poverty and high rates of single-parent families have been associated with high levels of violent behavior among youth. Violence on television has also been linked with violent behavior

Community-level protective factors include external support systems, such as school or church, which provide a nurturing environment and strong positive role models.

High Risk Groups

Young people with many interrelated risk factors are more likely than other youth to exhibit violent behavior. Evidence suggests that the total number of risk factors, or the balance between risk and protective factors, is most important in predicting whether delinquent or violent behavior occurs.

Males. The vast majority of youth violence is committed by males. While African American, Native American, and Hispanic males demonstrate higher rates of arrest for violent behavior, the majority of arrests occur among white males. Young males affiliated with gangs are at particularly high risk.

Early aggressive behavior. Most young people who commit violent acts have shown aggressive tendencies since early childhood. In addition, children who have been diagnosed with attention deficit hyperactivity or conduct disorders are at increased risk of delinquency in adolescence.

Victims of abuse or neglect. Children who have been inadequately supervised or have experienced physical, emotional or sexual abuse are at higher risk of delinquent behavior. These problems are more frequent in families headed by young single mothers and in families with other problems such as substance abuse, domestic violence, or mental illness.

Low academic achievers. Children who perform poorly in school are at higher risk of

delinquency and violence than other children. The reason for this association is not clear. Both low academic achievement and delinquency may be caused by some other factor. Alternatively, low academic achievement may lead to low self-esteem, in turn leading to the development of behavior problems.

Low socioeconomic status. The prevalence of serious delinquency is higher among youth with very low socioeconomic status. While the relationship is a weak one, it is consistent. The reason for the association is not clear. Poverty is associated with a number of other risk factors for youth violence, such as family structure, parental criminality, and lack of supervision.

Intervention Points, Strategies and Effectiveness

Possible points of intervention begin in infancy (or perhaps prenatally), continue throughout childhood and adolescence, and include rehabilitation of juvenile or adult offenders. The prevention of violent behavior includes primary prevention (efforts to prevent or ameliorate risk factors such as child abuse, lack of parental supervision, or low academic achievement), secondary prevention (efforts to prevent aggressive or violent behavior in a child who shows aggressive tendencies) or tertiary prevention (efforts to rehabilitate violent offenders).

Public health approaches generally focus on primary or secondary prevention. Because the steps in the causal pathway to violent behavior are complex and interrelated, and because the entire spectrum of risk factors is important, primary and secondary preventive efforts must be multifaceted and comprehensive. Programs must focus on several risk factors at the same time, and must be designed to occur over several years.

Program evaluation has found many violence prevention programs to be ineffective, or worse, to actually exacerbate the problem.³ The following are some examples of effective primary and secondary prevention programs.

Primary Prevention: Since most problem behaviors or their antecedents can be seen in preschoolers or early grade schoolers, effective primary prevention must begin *before* grade school. Programs to enhance parenting skills or provide preschool children with opportunities for

social and academic development are among the most effective in reducing juvenile delinquency.

Young children are particularly vulnerable to the influence of the media. There is significant evidence that children imitate violence they see on television and that more aggressive children watch more violent shows.⁴ There is also evidence that reducing the level of violence viewed by children results in a reduction in aggressive behavior, at least in the short term.⁵

Secondary Prevention: For children and adolescents who are already showing aggressive tendencies, family interventions are most effective. These interventions teach parenting skills and foster improvement in relationships among family members. Family interventions have shown effectiveness in reducing delinquency even among seriously violent delinquents.

Interventions which hold promise but have not been proven effective include manhood development and mentoring programs, in which high-risk youth are matched with an adult within the community.³ The efficacy of peer mediation and conflict resolution programs, which are popular in elementary, secondary and high schools, has not yet been evaluated.

Many of the violence prevention programs currently in place have not been evaluated, so it is difficult to say with certainty what works to reduce adolescent violence. More research could help determine which programs are most effective.

Data Sources

State Crime Data: Washington Association of Sheriffs and Police Chiefs. Prepared by DOH Office of Epidemiology.

National Crime Data: Uniform Crime Reports, Federal Bureau of Investigation, U.S. Department of Justice. Prepared by DOH Office of Epidemiology.

State Hospitalization Data: Comprehensive Hospital Abstract Reporting System (CHARS)

For More Information

Bensley LS and VanEenwyk J. (1995) Youth Violence and Associated Risk Factors: An Epidemiologic View of the Literature. Olympia, WA.

Zechmann A, Flewelling RF and VanEenwyk, J. (1995) Youth Risk Assessment Database: A Comprehensive Report. Olympia, WA.

National Research Council, Panel on the Understanding and Control of Violent Behavior. (1993) Understanding and Preventing Violence. Washington D.C.: National Academy Press.

Washington Department of Health, Office of Epidemiology (360) 705-6047.

Endnotes

¹ Wolf ME. Personal communication. Dec.11, 1995.

² Rosenberg ML and Mercy JA. (1992) Violence. In: *Public Health and Preventive Medicine*, 13th Ed, pp 1035-1040.

³ Tolan P and Guerra N. (1994) What works in reducing adolescent violence: an empirical review of the field. The Center for the Study and Prevention of Violence. University of Colorado, Boulder, CO.

⁴ Friedrich-Cofer L and Huston A. (1986) Television violence and aggression: The debate continues. *Psychological Bulletin*, 100, pp 364-371.

⁵ Eron LD. (1986) Interventions to mitigate the psychological effects of media violence on aggressive behavior. *Journal of Social Issues*, 42:155-169.